Bureau of Health Care Quality and Compliance

		(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/25/2011	
		NVS6212HBR					
			DRESS, CITY, STATE, ZIP CODE OSTAL DR UNIT 6				
11121111	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	CTION SHOULD BE COMPLETE O THE APPROPRIATE DATE		
Surveyor: This State a result of conducted on 4/21/1 accordand Chapter 4 The findin by the He prohibiting actions, o available state, or lo	Surveyor: 22048 This Statement of Deficiencies was generated as a result of an initial state licensure survey conducted regarding your agency branch location on 4/21/11 and finalized on 4/25/11, in accordance with Nevada Administrative Code, Chapter 449 Home Health Agencies. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws. Nine personnel files were reviewed.		H 00				
A home h policies or responsible each type required be reviewed members. The personant This Regular Surveyor: Sec. 10. Near read as for the personant to the pe	The following regulatory deficiencies were identified: 449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and This Regulation is not met as evidenced by: Surveyor: 22048 Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or		nt for e he s. nave	H153			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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AND DIAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the						
	care shall have a: (a) Physical examinat licensed physician that good health, is free from any other communications stage; and (b) Tuberculosis screep receding 12 months history of bacillus Calvaccination. If the employee has compared in a 2-step Mantoux to preceding 12 months 2-step Mantoux tuber single-step tuberculos administered. A single screening test must be good a single screening test must be good a single screening test must be good and single screening test must be go	nincluding persons with mette-Guerin (BCG) only completed the first uberculin skin test with then the second step culin skin test or other sis screening test must	te of and gious a a step in the of the be ter,				

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	employees (Employee	es #1, #2, #4, and #6).					
	 Employee #1's personnel file contained documentation for tuberculin testing in 2009 times 2, each of the tests reflecting negative results. The record lacked documented evidence of tuberculin testing in 2010 and 2011. The file also contained an X-ray result dated 1/2/2009 and a checklist of signs and symptoms dated 12/10/09. The record lacked any documentation of follow up for the year 2010 and 2011 as required by statute. Employee #2's personnel file lacked documented evidence of positive results of tuberculin testing which preceded the record of X-ray results dated 7/21/08. A signed document of no evidence of signs and symptoms of TB was noted in the record dated 11/14/10. The record lacked documented evidence of a signs and symptoms checklist for the year of 2009 as required by statute. 						
	 3. Employee #4's personnel file lacked documented evidence that the second tuberculin skin test given on 12/20/2010 had been read for results by a qualified professional to rule out active disease in the employee. 4. Employee #6's personnel file lacked any documented evidence of tuberculin skin testing prior to being hired and during employment since 8/4 of 2010. 		l for				
H162	H162 449.785 Contracts for Home Health Services		5	H162			
	services under a cont person or nonprofit ag	ncy provides home heal tract with another agenc gency, it must require the	cy, nat				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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